



Department of Military Affairs  
2400 Wright Street  
PO Box 7865  
Madison WI 53707-7865

Scott Walker  
*Governor*

Donald P. Dunbar  
*Adjutant General*

# **HS Exercises 2015**

## **Grant Announcement**

**Applications must be submitted through  
Egrants on or before August 28, 2015**



## **STATE OF WISCONSIN**

### **DEPARTMENT OF MILITARY AFFAIRS**

**SCOTT WALKER**  
GOVERNOR

**DONALD P. DUNBAR**  
ADJUTANT GENERAL

### Important Contact Information for this Grant Opportunity:

Program/Policy:	Michael Jordan (608) 242-3335 <a href="mailto:Michael.jordan@Wisconsin.gov">Michael.jordan@Wisconsin.gov</a>
Budget/Fiscal:	Deb Hughes (608) 242-3236 <a href="mailto:Deb.hughes@Wisconsin.gov">Deb.hughes@Wisconsin.gov</a>
Egrants Assistance:	Weekdays, 7:30am – 4:00pm Email: <a href="mailto:Deb.hughes@Wisconsin.gov">Deb.hughes@Wisconsin.gov</a> Telephone: (608) 242-3236

The Egrants system user guide has step-by-step instructions for accessing and using the Egrants online system. The guide is posted on the grants page of the WEM website:

<https://egrants.emergencymanagement.wi.gov/egmis/EgrantsExternalUserGuide9-12-2014WEM.pdf>

Online Help is available throughout the Egrants application process. Once you have started an application, look for the HELP button in the top right corner of the screen. Page-specific instructions can be found there.

## **Grant Announcement Summary**

**Grant Title:** HS Exercises 2015

**Description:** This grant provides funds to design, develop, conduct and evaluate exercises to test the plans and capabilities of Wisconsin's emergency response community.

**Opportunity Category:** Competitive

**Important Dates:**

Application Due Date:	August 28, 2015
Project Start Date:	October 1, 2015
Project End Date:	December 31, 2016

**Funding Amount:** The approximate total grant award is \$175,000

**Match/Cost Sharing Requirement:** None

**Eligibility:** County or tribal emergency management offices are the only eligible applicants. Applicants interested in applying for an exercise grant must first contact Wisconsin Emergency Management (WEM) to be assigned an exercise officer who will help determine the appropriate scope and expenses for the requested exercise.

**Eligible Expenses:** Allowable exercise costs include personnel, travel/training, supplies and operating expenses, and consultants/contractors.

All expenses must be new and cannot replace existing state or local government funding. Substitution of existing funds with federal grants (supplanting) will be the subject of monitoring and audit. Violations may result in a range of penalties, including suspension of current and future funds under this program, suspension or debarment from federal grants, repayment of monies provided under a grant, and civil and/or criminal penalties.

# HS Exercises 2015

## Program Description

Exercises are a key element of Wisconsin's Homeland Security strategy to improve emergency responder capabilities. Exercises assist agencies in achieving objective assessments of their response capabilities and help identify areas needing improvement prior to a real incident. Exercises also inform local and statewide planning activities by highlighting needs for future resource allocation. Homeland Security exercise grants are intended to support a statewide exercise program through direct support to tribes, counties and state agencies.

All exercises shall follow the state's current Homeland Security strategy which can be found at the following link: <http://hsc.wi.gov/wp-content/uploads/2015/07/Wisconsin-Homeland-Security-Strategy-FINAL-20150710.pdf>

Due to limited funds, applicants must first make use of WEM exercise officers and/or local agency expertise when developing and conducting exercises. **Contact must be made with Gary Wieczorek and/or his designee at WEM to ascertain the availability/assignment of WEM's exercise officers ([Gary.Wieczorek@Wisconsin.gov](mailto:Gary.Wieczorek@Wisconsin.gov) 608-242-3213).** When WEM exercise officers are not available to assist with the development and execution of the exercise event as determined by Mr. Wieczorek, grant funds may be used to hire contractors/consultants to manage exercise development, execution, evaluation and completion of after-action reports (AARs). Please note that documentation of the contact to WEM must be included in the Project Narrative section. Every effort should be made to maximize grant dollars through the coordination of participating agency resources.

If using contractors or consultants, these individuals must be trained in the Homeland Security Exercise and Evaluation Program (HSEEP), and must present evidence that they have prior success in performing the type of exercises they are being contracted to deliver.

A component of after-action reporting includes performance evaluations of contractors and WEM exercise officers. The Exercise Evaluation Survey is posted on the WEM website: <http://emergencymanagement.wi.gov/egrants/forms/Exercise%20Evaluation%20Survey.doc>

An important goal of exercises is to train and test the connections and coordination among local, regional, state and federal emergency response partners. In consultation with WEM, sub-grantees will include all appropriate partners in the exercise, including mutual aid partners, whole community partners, state agencies, and the State Emergency Operations Center (SEOC), when appropriate to the scenario and scope of the exercise. It is the expectation of WEM that applicants would be willing to include the SEOC in the exercise to test connections between county and state agencies.

## Award Information

Project funding will be provided from the 2015 Homeland Security grant program. The approximate total amount available for this grant is \$175,000. There is no match of any kind required.

Upon application approval, the applicant agency's project director will receive a paper grant award document by mail in approximately 30 days.

## **Submit Applications Using Egrants**

Applications must be submitted through the Egrants online grants management system. If you have never used Egrants before, you will need to register for access to the system. To register online, go to <http://register.wisconsin.gov/AccountManagement/> and complete the ‘self registration’ process. Please take care to select Egrants during this process.

Authorization to access Egrants can take several days depending on registration activity. The WEM help desk is open Monday-Friday 7:30am-4pm if you need assistance. (Please note: If you register outside of these hours, access may not be approved until the next business day.) Once your Egrants access has been approved, you may begin your online grant application.

An Egrants System User Guide is posted on the WEM website’s Egrants Login page: <https://egrants.emergencymanagement.wi.gov/egmis/login.aspx>

## **Application Components**

Through Egrants, you will provide WEM with detailed information about your project that will be used to make a funding decision. Questions on what is expected in each section can be directed to Michael Jordan at (608) 242-3335 or at [Michael.Jordan@wi.gov](mailto:Michael.Jordan@wi.gov).

### **1. Main Summary**

This page asks for information about your agency and the individuals responsible for the application and grant award. There are many required fields on this page so if you encounter problems, please check online help by clicking the floating HELP button. Please note: When identifying individuals involved in this grant, you may not list the same person as project director and financial officer. The financial officer is the individual responsible for financial activities in your organization while the project director will be overseeing project operations.

In the Brief Project Description text box, please describe your project in 150 words or less. A suggested format is included for your convenience:

“Funds will be used by the (your agency name and others involved in the project) to (describe what funds will be used for and who will be involved). The (what - equipment, training, project, pilot, etc.) will (describe the specific goals you hope to achieve – how will the project or equipment improve safety in Wisconsin?) [If appropriate, add which area(s) of the state will benefit]”

Responses to this section will be used on the WEM website, cited in WEM reports and could be mentioned in press releases. Plain language that clearly describes the intent of the project is most effective.

### **2. Approval Checklist**

Answer Yes, No or NA to each question.

### **3. Performance Measures**

Enter the number of tabletop, functional, and full-scale exercises that will be conducted during the performance period of this grant.

#### 4. Budget Detail

Complete a project budget using the following categories. For each category used, enter a justification that describes how the items in that category will be used during the course of the grant period. It is important that you include specific details for each budget line item, including cost calculations.

Personnel: Reimbursement for personnel falls under the following guidelines:

- Overtime payments are allowed only to the extent that payments for such services are in accordance with the policies of the state or unit(s) of local government and have been approved by WEM. In no case is dual compensation allowed.
- Reimbursement of overtime expenses is limited to the additional costs which result from personnel working over and above 40 hours per week and are a direct result of their participation in the WEM-funded exercise. Overtime associated with any other activity is not eligible. Fringe benefits are not eligible.
- Overtime as backfill expenses are limited to overtime costs which result from personnel who are working overtime in order to perform the duties of personnel who are participating in the WEM-funded exercise.
- Backfill-related overtime only includes the difference between the overtime rate paid and what would have otherwise been paid to the backfilling employee for regular time.
- Exercise design team members and exercise participants who qualify under this grant and are eligible for overtime will be reimbursed at 50% of their applicable rate under the conditions of the grant.
- If a participant is a volunteer fire fighter and/or medic or police officer, the rate used will be that of the closest full-time department. All emergency response personnel participating in the exercise who are identified in the scope as necessary will be reimbursed at 50% of their overtime.
- In order to receive reimbursement for overtime and/or backfill, eligible agencies must fill out the overtime/backfill form and submit the required documentation to support their request as part of the grant close-out process:  
<http://emergencymanagement.wi.gov/egrants/forms/Training%20and%20Overtime%20Backfill%20Reimbursement%20Form.doc>

Travel/Training: Any travel and/or training costs associated with the funded project. Only actual expenses will be reimbursed. All reimbursements will be at current state rates that are subject to change. Current rates for in-state travel at the time of this announcement include:

- Mileage: \$0.51/mile
- Lodging: Maximum \$82/night (\$90/night for Milwaukee, Waukesha or Racine County)
- Meals: \$8/breakfast (leaving before 6 a.m.); \$10/lunch (leaving before 10:30 a.m. and returning after 2:30 p.m.); \$20/dinner (returning after 7 p.m.); \$7/breaks



(Please note: Costs will only be reimbursed after submission of an event agenda and attendance list. Travel and training for contracted employees does not go in this section. These expenses should be itemized under “Contractual.”)

Supplies and Operating Expenses: Includes consumables such as paper, stationery, postage, and software. Also includes operating expenses such as rent and utilities. Show computations for all items. For example, Rent: \$150/mo x 12 months = \$1,800.

Consultants/Contractual: Provide costs associated with individuals or entities providing services through a contractual arrangement. With the exception of a few justified sole source situations, contracts should be awarded via competitive processes. Attach detailed information to support the total cost of each contract. For each consultant enter the name, if known; service to be provided; hourly rate and estimated time on the project. Hourly rate for training and exercise contractors may not exceed \$45.00/hour. Show the basis of computation for each service requested.

## 5. Project Narrative

Provide a clear description of the scenario and scope of the exercise. Be sure to note if this is a tabletop, functional or full-scale exercise. The scenario should be reasonable, realistic and appropriate for the jurisdiction.

Grant recipients must follow HSEEP requirements. Guidelines are published on the WEM website:

[http://emergencymanagement.wi.gov/training/Exercise\\_Resource/HSEEP/HSEEP.asp](http://emergencymanagement.wi.gov/training/Exercise_Resource/HSEEP/HSEEP.asp)

List the core capabilities that will be tested. *The best applications will be well-suited to test the desired capabilities.*

Applications that test the following core capabilities will be awarded additional points during the review process. These are capabilities that were identified in the 2015 Threat and Hazard Identification and Risk Assessment (THIRA) and State Preparedness Report (SPR) as a priority for training and exercising.

Operational coordination	Public Information and Warning
Economic recovery	Critical transportation
Health and social services	Cyber security
Mass care	Infrastructure System
Public & Private Services & Resources	

For information about the core capabilities, please see FEMA’s website at <http://www.fema.gov/core-capabilities>. If you have questions about core capabilities please contact the WEM exercise officers. **Appendix A** is a reference guide for a cross-walk between the prior Target Capabilities and Core Capabilities.

## 6. Evidence of Need

- Explain the need for this exercise in your jurisdiction. Explain how the exercise addresses the risks and capability gaps that have been identified by the jurisdiction. Describe the risk assessment and capability gap analysis that were done. *Best applications will clearly tie the capabilities and the scenario to the assessment.*
- Describe how the exercise is part of a multi-year strategy. Describe previous trainings or exercises that were done, corrective actions that were identified, and which ones have been implemented.

## 7. Implementation Plan

- List the expected or planned participants for the event including local and state agencies, multiple disciplines and non-governmental organizations.
- Indicate whether or not you are willing to include a state role including the State Emergency Operations Center (SEOC), in your exercise.
- Explain how the needs and requirements of persons with disabilities will be taken into account. **Applications must address this requirement in order to receive funding.**
- Outline the timeline for this project including planning and design meetings and the development of the AAR. *Best applications may even outline a plan for how they will begin to address corrective actions.*

## 8. Required Attachments

- Attach an email that documents your communication with the WEM exercise section regarding the availability of exercise officers and compliance with state exercise priorities.
- Attach a quote if working with a contractor.

NOTE: to attach a document to your Egrants application, you must type "See Attached" in the text box to enable the document attachment tool.

## 9. Evaluation

Grant proposals for a Functional or Full-Scale Exercise must include a copy of the AAR Improvement Plan from the prior exercise.

This improvement plan will be reviewed to ensure that all critical corrective actions have been addressed, prior to your receiving funding for the exercise in the progressive series. *Best applications will provide an explanation of which corrective action items have been completed and how they will be tested in the new exercise.*



## **10. Other Funding**

Describe any cost sharing that will be a part of this project. Clearly explain what sources of funding in addition to grant funds will be used to conduct this exercise.

## **Application Review and Award Criteria**

All applications must be submitted on or before the deadline and will be screened for completeness and compliance with the instructions provided in this announcement. WEM staff will review and score applications in order to make funding decisions for this competitive grant opportunity. Please refer to **Appendix C** for scoring criteria. WEM staff will make recommendations to the Adjutant General. All final grant award decisions will be made by the Adjutant General.

FEMA requires that all full-scale exercises complete an Environmental Historic Preservation (EHP) review process. If selected for award, full-scale exercise applicants will complete the EHP screening form, which WEM will submit to FEMA. Once FEMA approves the project, a sub-grant will be awarded. The EHP screening form is attached to this document as **Appendix B** for your situational awareness. WEM staff can provide a link to the electronic form and answer questions about the form and the process.

## **Post-Award Special Conditions/Reporting Requirements**

If you are awarded funds under this announcement, you will be required to provide regular progress reports. The schedule for your reports will be included in your grant award materials. At that time, please review all of your grant award special conditions and Egrants reporting requirements.

1. **AAR and Improvement Matrix:** The exercise AAR is due to WEM within 60 days of completion of the exercise and must include an improvement action plan matrix.
2. **Exercise Officer Evaluation Survey:** Complete, submit and upload in Egrants the survey with grant close-out documentation.
3. **Consultant/Contractor Documentation:** A copy of all contracts related to consultants or contractors that are used for any activities funded through this grant must be submitted with grant close-out documentation prior to reimbursement. All contractual agreements must also be uploaded in Egrants.
4. **HSEEP for Exercises:** All exercises must follow the exercise methodology as directed by HSEEP.
5. **Overtime and Backfill Reimbursement:** Reimbursement of costs for overtime and backfill is contingent upon submission of the overtime/backfill form with supporting documentation and the G-2 form. The completed overtime and backfill form must include substantial justification for the overtime/backfill needed as well as all supporting documentation for actual overtime/backfill incurred through attending training. Documentation must include copies of schedules, timesheets, overtime pay requests, and compensated rate of pay. The compensated rate of pay is base wage as

defined by the contract, ordinance, or payroll. Requests that do not provide adequate justification or evidence of actual expenses will not be accepted. A G-2 form must also be submitted for reimbursement. Access the appropriate forms on WEM's grant forms page: <http://emergencymanagement.wi.gov/egrants/forms.asp>

6. This grant is subject to Environment Planning and Historic Preservation (EHP) review. No funds may be spent until the project is approved at the federal level. This may take up to 12 months.
7. Please provide a copy of the "Exercise Notification Memo" document to Michael Jordan at [Michael.jordan@Wisconsin.gov](mailto:Michael.jordan@Wisconsin.gov)

### **Additional Resources**

Additional information about Wisconsin Emergency Management and resources to assist with Egrants are available as follows:

- Wisconsin Emergency Management website: <http://emergencymanagement.wi.gov/>
- A helpful Egrants User Guide is posted on the Egrants page of the WEM website. <https://egrants.emergencymanagement.wi.gov/egmis/EgrantsExternalUserGuide9-12-2014WEM.pdf>
- Online Help is available in many areas of the Egrants program – watch for the Help Buttons.
- State of Wisconsin Travel Guidelines: <http://oser.state.wi.us/docview.asp?docid=7365>
- Egrants Helpdesk is staffed on non-holiday weekdays between 7:30AM and 4:00PM.

Email: [WEMEgrants@wisconsin.gov](mailto:WEMEgrants@wisconsin.gov)

Telephone: (608) 242-3236

# APPENDIX A- CORE CAPABILITIES CROSSWALK

PPD-8 introduced the concept of “Core Capabilities”, which are designed to provide an integrated approach to preparedness by incorporating several of the traditional “Target Capabilities” together or creating a new capability.

The following crosswalk identifies the relationship of the former 37 Target Capabilities to the 31 Core Capabilities.

<u>Core Capability</u>	<u>Prior Target Capability</u>
Access Control & Identity Verification	None
Community Resilience	Community Preparedness & Participation
Critical Transportation	Citizen Evacuation & Shelter-in-Place
Cybersecurity	None
Economic Recovery	Economic & Community Recovery
Environmental Response/Health/Safety	Environmental Health Responder Safety and Health
Fatality Management Services	Fatality Management
Forensics and Attribution	None
Health & Social Services	None
Housing	None
Infrastructure Systems	Restoration of Lifelines Structural Damage Assessment
Intelligence & Information Sharing	Information Gathering Intelligence Analysis & Production Intelligence/Info Sharing & Dissemination
Interdiction & Disruption	Counter-Terror Investigation & LE
Long-Term Vulnerability Reduction	None
Mass Care Services	Mass Care
Mass Search & Rescue Operations	Search & Rescue (Land Based)
Natural & Cultural Resources	None
On-Scene Security & Protection	Emergency Public Safety & Security EOD Response Operations
Operational Communications	Communications
Operational Coordination	EOC Management

	On-Site Incident Management
Physical Protective Measures	Critical Infrastructure Protection
Planning	Planning
Public & Private Services & Resources	Fire Incident Response Support WMD/Hazmat Response & Decon Volunteer Management & Donations Critical Resource Logistics & Distribution
Public Health & Medical Services	Mass Prophylaxis Triage & Pre-Hospital Treatment Medical Surge Medical Supplies Mgt & Distribution Epidemiological Surveillance & Investigation Isolation & Quarantine Laboratory Testing
Public Information & Warning	Public Information & Warning
Risk & Disaster Resilience Assessment	None
Risk Management for Protection Programs & Activities	Risk Management
Screening, Search, & Detection	CBRNE Detection
Situational Assessment	None
Supply Chain Integrity & Security	Food & Agriculture and Defense Animal Disease Emergency Support
Threat & Hazard Identification	None

# APPENDIX B- EHP Screening Form

1

## Grant Programs Directorate

OMB Control#: 1660-0115

Expiration Date: 10/31/2013

FEMA Form: 024-0-1

DEPARTMENT OF HOMELAND SECURITY

FEDERAL EMERGENCY MANAGEMENT AGENCY

## ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM

### Paperwork Burden Disclosure Notice

*Public reporting burden for this form is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660- 0115) **NOTE: Do not send your completed form to this address.***

### Completing the Screening Form:

This form must be attached to all project information sent to the Grant Programs Directorate (GPD) to initiate environmental and historic preservation (EHP) compliance review, per the National Environmental Policy Act (NEPA) and other EHP laws and executive orders. *There is no need to complete and submit this form if the grant scope is limited to planning, management and administration, classroom-based training, table-top exercises and functional exercises, or purchase of mobile and portable equipment where no installation needed.* Information Bulletin 345 (September 1, 2010) provides details on these activities. The form must be completed by someone with in-depth understanding of project details and location. Completion of this form does not conclude the EHP review process and FEMA may need to contact you for further information. Not providing requested information may result in funding release delays. This form is intended to be completed electronically. The following website provides a version of this form that is suitable for printing and completing by hand as well as additional guidance such as on how to make an aerial map: <http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#5>.

To check (X) a box (for example, Yes No), left double-click using your mouse and a Check Box Form Field Options box will appear, then under the Default Value, select Checked and press OK (see figure, right). To write in a text field ( ), select the text field with your mouse and begin typing.

*Submit completed form with necessary attachments to [GPDEHPInfo@dhs.gov](mailto:GPDEHPInfo@dhs.gov) with the following information in the e-mail subject line: EHP Submission: Project Title, Subgrantee Name; Grant Award Number (Example, EHP Submission: Courthouse Camera Installation, Any Town, State, 12345).*

Environmental and Historic Preservation Screening Form 2

**Complete all of Section A, Section B, all of each portion(s) of Section C corresponding to checked blocks in Section B, and all of section D that apply to the project.**

**A. PROJECT INFORMATION (complete all)**

DHS Grant Award Number: Grant Program: .....

Fiscal Year: .....

Project Title: .....

Grantee (SAA): .....

Grantee POC: .....

Mailing Address: .....

E-mail: .....

Sub grantee: .....

Subgrantee POC: .....

Mailing Address: .....

E-mail: .....

Dollar value of grant (*if known*):

**B. PROJECT TYPE**

Please check ALL the block(s) that best fit the scope of the project.

1. Training and Exercises. Go to page 2. Complete all of Section C.1.
2. Purchase of Equipment. Go to page 3. Complete all of Section C.2.
3. Physical security enhancements. Go to page 3. Complete all of Section C.3.
4. Renovations/upgrades/modifications to existing structures. Go to page 3. Complete all of Section C.4.
5. New construction/addition. Go to page 4. Complete all of Section C.5.
6. Communication towers, related equipment, and equipment shelters. Go to page 5. Complete all of Section C.6.
7. Other. If your project does not match any of these categories, go to page 6. Complete Section C.7

*The following information is required to initiate EHP review of the project. Based on the project's scope of work, determine which project type applies below and complete that section. For multi-component projects or those that may fit into multiple project types, complete the section that best applies and provide a complete project description. The project description should contain a brief summary of what specific action is proposed, where it is proposed, and how it will be implemented. If the project involves multiple locations, information for each must be provided. Attach additional pages, if needed.*

Provide a complete project description:

**C. PROJECT DETAILS**

**1. Training and Exercises (*check each that applies*): Classroom-based Field-based**

***If the training is classroom and discussion-based only, and is not field-based, this form does not need to be completed and submitted.*** All other training must provide the following:

- a. Describe the scope of the proposed training or exercise (purpose, frequency, materials,

and equipment needed, number of participants, and type of activities required)

(*Attach additional pages, if needed*): ..... Environmental and  
Historic Preservation Screening Form 3

b. Will the field-based training take place at an existing facility having established procedures for that particular proposed training and exercise, and that conforms with existing land use designations (refer to Information Bulletin #329 ([http://fema.dps.mo.gov/empg/IB%20329\\_20090902.pdf](http://fema.dps.mo.gov/empg/IB%20329_20090902.pdf)) for further information)? ..... Yes No

If yes, please provide the name and location of the facility (physical training site

address or latitude-longitude): .....

If no, provide the location (physical project address or latitude-longitude) **and** a full

description of the area where training will occur: .....

c. Does the field-based training/exercise differ in any way (including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, type of activities) from previously permitted training exercises and training practices? .....

Yes No

If yes, explain any differences between the proposed activity and those that were

approved in the past, and the reason(s) for the change in scope: .....

d. Will any equipment or structures need to be installed to facilitate training? ..... Yes No

If yes, explain how and where this is proposed to be done (*include site-specific color*

*photographs*: .....

**2. Purchase of equipment** (*If the entire project is limited to purchase of mobile/portable equipment and there is no installation needed, you do not need to complete and submit this form.*)

a. Specify what equipment, and the quantity: .....

b. Provide AEL number(s) (if known): .....

c. Will this equipment be installed? ..... Yes No

If Yes, go to page 6. Complete Section D.

**3. Physical security enhancements and or installations** (for example: installation of back-up generators, fencing, cameras, building/room access control, bollards, motion detection systems, x-ray machines, and lighting).

a. Describe what, how, and where improvement(s)/installation(s) will occur in/on the

facility/building/structure: .....

b. Provide project location (physical project address and latitude-longitude): .....

c. Will the new equipment/improvements use the existing power supply systems? ..... Yes No

If no, describe new power source and installation (such as utility trenching):.....

d. If generator installation, please state the capacity (KW): .....

If a separate fuel tank is also included, describe if it is to be installed above or below

ground, and its capacity (gallons): .....

e. Go to Page 6. Provide additional project details in Section D.

**4. Renovations/upgrades/modifications to existing structures.**

a. Provide detailed description of modifications: .....

Environmental and Historic Preservation Screening Form 4



- b. Provide project location (physical project address and latitude-longitude): .....
- c. Will any equipment need to be installed? ..... Yes No  
If yes, please note in Section 2, (purchase of equipment).
- f. Go to Page 6. Provide additional project details in Section D.

**5. New construction/addition (for example: emergency operations centers, docks, piers, security guardhouse).**

- a. Provide detailed scope of work (site acreage, new facility square footage/number of stories, utilities, parking, stormwater features, etc): .....
- b. Provide project location (physical project address or latitude-longitude): .....
- c. Will any equipment need to be installed? ..... Yes No  
If yes, please note in Section 2 (purchase of equipment).
- d. Will the new building/facility/renovations use existing utilities?..... Yes No  
If no, describe installation of new utilities in (a) above (including trenching): .....
- e. Go to Page 6. Provide additional project details in Section D.

**6. Communication towers, related equipment, and equipment shelters**

- a. Provide a detailed description of the project .....
- b. Provide project location (physical project address or latitude-longitude): .....
- c. Provide the elevation above mean sea level of the project location: .....
- d. For projects involving antenna(s) installations on existing towers:  
Provide the height of the existing tower: .....  
The height of the tower following the installation of the new antenna(s): .....
- e. For new tower projects, state the total height (in feet) of the communication tower or structure including any antennae to be mounted: .....  
If the proposed tower height is greater than 199 feet above ground level, state why this is needed to meet the requirements of the project: .....  
Will the tower be free-standing or require guy wires? ..... Free standing Guy wires  
If guy wires are required, state number of bands and how many: .....  
State why a guyed tower is needed to meet the requirements of this project: .....  
What kind of lighting will be installed, if any (for example: white strobe, red strobe, or steady burning?): .....
- f. A general description of terrain (For example: mountainous, rolling hills, flat to undulating): .....
- g. Describe the frequency and seasonality of fog/low cloud cover: .....

Environmental and Historic Preservation Screening Form 5

h. Provide a list of habitat types and land use on and adjacent to the tower site (within ½ mile),

by acreage and percentage of total (e.g., woodland conifer forest, grassland, agriculture)  
waterbody, marsh): .....

i. Is there evidence of bird roosts or rookeries present within ½-mile of the proposed site? ..... Yes No

a. If yes, describe: .....

Distance to nearest wetland area (for example: forested swamp, marsh, riparian, marine)

and coastline if applicable: .....

i. Distance to nearest telecommunication tower: .....

j. Have measures been incorporated for minimizing impacts to migratory birds? ..... Yes No

If yes, describe: .....

k. Has an FCC registration been obtained for this tower? ..... Yes No

If yes, provide Registration #: .....

l. Has the FCC E106 process been completed? ..... Yes No

m. Has the FCC Tower Construction Notification System (TCNS) process been completed? ..... Yes No

If yes, attach all relevant environmental documentation submitted as part of the

registration process including use of the Tower Construction Notification System

(TCNS), if applicable. FRN# .....

n. Will any equipment or structures need to be installed? ..... Yes No

If yes, explain what type how and where this is proposed to be done (*attach additional*

*pages, if pages needed*): .....

o. Will equipment be co-located on existing FCC licensed tower or other structure?..... Yes No

If yes, identify the type of structure: .....

p. Go to Page 6. Provide additional project details in Section D.

**7 . Other.** For any project that does not fit a category listed above, please provide a thorough summary of the proposed action and location. Include as much detail as necessary to ensure someone not personally familiar with the project is able to conduct an EHP review.

a. Project Summary:

b. Provide additional project details in Section D.

#### **D. OTHER PROJECT RELATED INFORMATION (complete all that apply)**

The following website may provide some additional EHP related guidance and resources to help complete this section <http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#5>.

1. If work is proposed on/in an existing building(s) or structure(s) provide the year built: .....

If the building or structure involved is over 45 years old and significant renovation,

rehabilitation, or modification has occurred, please provide the year(s) and briefly

describe the nature of remodeling: .....

2. If the project affects the exterior of the building, are there any known buildings and/or structures that are 45 years or older in the immediate project area? ..... Yes No/NA

Environmental and Historic Preservation Screening Form 6

If yes, please provide the location, ground-level color photos of these, and identify their location(s) on the aerial map.

3. Is the building or structure on which work is proposed a historic property or in a historic district, or are there any adjacent historic properties? ..... Yes No

Information about historic properties may be found on the National Register of Historic Places at <http://nrhp.focus.nps.gov/natreghome.do?searchtype=natreghome> or the respective State Historic Preservation Office may have information on their website.

4. Will ground disturbance be required to complete the project? ..... Yes No

If yes, provide total extent (depth, length and width) of each unique ground disturbing

activity. Light poles, bollards and fencing are each unique ground disturbing activities  
(For example, six light poles, 24" dia. x 4' deep; trenching 12" x 500' x 18" deep): .....

5. Has the ground been previously disturbed? ..... Yes No

If yes, please describe the current disturbed condition of the area (for example, parking lot, roadway right-of-way, commercial development): .....

6. Are there technical drawings or site plans available, if yes please attach. .... Yes No

7. Attach color site photographs:

Ground-level color site photos that provide context and show where site work/physical installations are proposed (label photos),

Ground-level color photographs of each side of the building involved.

Aerial color photograph with project limits outlined and with the location of any proposed installations identified.

Aerial color photograph(s) showing all ground disturbing activities (if applicable).

8. Is the project part of an approved plan such as a Master Plan or an Implementation Plan or any larger action/project? ..... Yes No

If yes, provide the plan/project name and brief description: .....

9. Is there any *previously* completed environmental documentation for this project (for example: Environmental Impact Statement, Environmental Assessment, wetland delineation, archaeological study)?

..... Yes No

If yes, please attach documentation. If a NEPA document, what was the decision? (*Check one, and please attach*):

Finding of *No Significant Impact* (FONSI) or

Record of Decision (ROD)

Name of preparing agency: .....

Date approved: .....

10. Is there any *previously* completed agency coordination for this project (for example correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office (SHPO), Tribal Historic Preservation Office (THPO), or permitting agencies? ..... Yes No

If yes, please attach documentation unless included in NEPA documentation identified above.

11. Provide FEMA Flood Insurance Rate Map (FIRM), with project limits outlined. FIRM maps can be created from: <http://www.fema.gov/hazard/map/firm.shtm>

12. Provide U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map created from:  
<http://www.fws.gov/wetlands/Data/Mapper.html>

# Appendix C- FY 2015 Exercise Grant Application Scoring Worksheet

## Budget

Costs in accordance with guidelines for allowable expenses at correct reimbursement rates	yes =1pt
Math calculations are correct and there is detailed description of costs	yes = 1pt
If hiring a contractor, copy of contract attached	yes = 1pt

## Project Narrative

Provides a clear description of the scenario	Yes=1 pt
A functional exercise project follows and builds on a previous tabletop	Yes = 1 pt
Full Scale exercise project follows and builds on a previous functional exercise	Yes = 2 pts
Award one point, with a maximum of three points, for each of the following core capabilities tested:	

Operational coordination	Public Information and Warning
Economic recovery	Critical transportation
Health and social services	Cyber security
Mass care	Infrastructure System
Public & Private Services & Resources	

The scenario is well-suited to test the listed capabilities	_____ pts
	Yes = 1pt

## Evidence of Need section

Outlined the risk in the community	Yes = 1 pt
Explained the risk assessment and gap analysis process conducted	Yes = 1pt
Clearly related the scenario to the assessment of risk and capabilities gap	Yes = 1 pt
Described a multi-year exercise strategy including:	Yes = 1pt
Description of previous exercises or training	Yes = 1pt
Corrective actions that were identified in previous training or exercises	Yes = 1pt
Described which corrective actions have been implemented	Yes = 2pt

## Implementation Plan section

The exercise includes appropriate participants for the described scenario and capabilities tested	Yes= 1 pt
The exercise includes a private sector player	Yes = 1pt
The exercise includes a volunteer organization	Yes = 1pt
Indicated a willingness to include a state role in their exercise, including for the SEOC	Yes = 1pt
The exercise includes/tests a component for dealing with people with disabilities	Yes = 2 pts
The exercise provides access to people with disabilities to participate in exercise meetings	Yes =1 pt
Provided a timeline for the project that includes planning, design work, conducting exercise and AAR development	Yes= 1pt
Outlined a plan for how they will begin to address corrective action items	Yes = 1pt

Completed <b>Required Attachment</b> section with evidence of email contact with WEM exercise section	Yes=1 pt
---	----------

Completed <b>Evaluation</b> section with a copy of the previous AAR (for FX or FS)	Yes=1 pt
Explained steps taken to implement the AAR Improvement Plan	Yes=1 pt
Explained how corrective action completed will be tested in new exercise	Yes = 1pt

## Other Funding section

The exercise project includes financial support (Cash/in kind) from other sources	Yes = 1pt
---	-----------

Total Score

\_\_\_\_\_